

Date Received

State of Maine  
DEPARTMENT OF AGRICULTURE  
FOOD and RURAL RESOURCES  
DIVISION OF PLANT INDUSTRY  
#28 State House Station  
Augusta, Maine 04333  
Tel# (207) 287-3891 FAX # (207) 287-7548  
HEARING IMPAIRED # (207) 287-4470

Office Use Only

License # \_\_\_\_\_

Authority \_\_\_\_\_

Date Issued \_\_\_\_\_

Date Expires \_\_\_\_\_

### APPRENTICE LICENSURE

☐ LANDSCAPE ARBORIST      ☐ UTILITY ARBORIST

Please check ☒ appropriate authority

**Application Fee - \$15.00. Make check payable to: Treasurer State of Maine.**

**Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

Print Name \_\_\_\_\_

Last

First

MI

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone # (\_\_\_\_) / \_\_\_\_ / \_\_\_\_ Work Phone # (\_\_\_\_) / \_\_\_\_ / \_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: ☐ Male ☐ Female

Have you ever been convicted of a crime other than a minor traffic violation?

☐ Yes ☐ No

**IF YOU ANSWERED "YES" TO THE CRIMINAL CONVICTION QUESTION, PLEASE ENCLOSE A LETTER FROM YOU EXPLAINING IN DETAIL, THE DATE(S) AND CIRCUMSTANCES SURROUNDING YOUR CONVICTION(S) AND ANY AND ALL STEPS YOU HAVE TAKEN WITH RESPECT TO REHABILITATION.**

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MY ANSWERS MAY BE VERIFIED AND THAT I MAY BE DECLARED INELIGIBLE FOR A LICENSE CERTIFICATE IF THE INFORMATION CONTAINED HEREIN, UPON INVESTIGATION, IS FOUND TO BE MISREPRESENTED OR FALSIFIED.

Applicant's

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(over)

**"Apprentice Arborist" - An individual having no prior experience as a landscape/utility arborist, is required to train under the direction of a First Class or Master Landscape/Utility arborist. An apprentice is further restricted to the following limitations:**

- a. shall work under the on-site supervision of a First Class or Master Landscape/Utility Arborist**
- b. shall not solicit work**
- c. shall not diagnose problems or prescribe treatment**
- d. shall not in any other way act in the capacity of a First Class or Master Landscape/Utility Arborist**

### **CERTIFICATION OF SUPERVISION**

<b>TO BE COMPLETED BY FIRST CLASS OR MASTER LANDSCAPE/UTILITY ARBORIST</b>			
NAME OF SUPERVISING FIRST CLASS/MASTER ARBORIST		(PLEASE PRINT)	
SOCIAL SECURITY NUMBER		LICENSE NUMBER	
ADDRESS:			
Street	City	State	ZIP
PHONE NUMBER		FAX NUMBER	
<b>I hereby agree to provide supervision and training to the within named applicant. I also understand the Maine Department of Agriculture may contact me at the end of the training period to discuss the applicant's progress and development.</b>			
SIGNATURE OF FIRST CLASS/MASTER ARBORIST		DATE	